The Advantages and Disadvantages of Different Models of Organising Adult Safeguarding

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Adult safeguarding in England

- Local Authorities (LAs) - lead agencies
- The Care Act 2014 creates a statutory *duty* on LAs to:
  - '*make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, abuse or neglect*.' (Care Act Statutory Guidance, 2014 p192)

- **However, LAs are still free to organise adult safeguarding how they wish.**

Models of Safeguarding

Research questions:

1) Can distinct different organisational models of safeguarding can be identified?

2) Can key variables be identified between these different models?

3) Can outcomes be linked to different models of safeguarding?

Study methods – whole study

- **Phase 1** Literature review, interviews with 23 Adult Safeguarding Managers and development of a typology of four models of adult safeguarding.

Then w*ithin FOUR case-study sites (illustrating the different models identified) :-*

- **Phase 2** **Quantitative analysis:** staff survey; estimated service costs; Abuse of Vulnerable Adults (AVA) returns; and Social Services Survey data

- **Phase 3** **Qualitative analysis:** interviews with adult safeguarding managers and staff; and feedback interviews (with care home managers, LA solicitors and IMCAS (Independent Mental Capacity Advocates).

Methods – qualitative analysis

In each of the FOUR models, we analysed:-

1) Interviews with Safeguarding Managers and staff (n=38)

2) Free-text comments from the staff survey (n=206) (A 30%, B1 41%, B2 44%, C -, D25%).

3) Feedback interviews care home managers, LA solicitors and Advocates (IMCAs) (n=28)

FINDINGS – the models

Four models of organising adult safeguarding (developed from interviews with 23 adult safeguarding managers).

A) Dispersed-Generic (5/23) – generic approach – all do safeguarding work

B) Dispersed-Specialist (4/23) – specialist leads do safeguarding work

C) Partly-Centralised-Specialist (11/23) – high risk work done by specialist team

D) Fully-Centralised-Specialist (3/23) – specialist team carry out all safeguarding.

But – **change** is a key characteristic across the sites.
eg development of **MASHs.**

Site A) Dispersed-Generic Model

Characteristics

- Small southern LA characterised by safeguarding being integrated within general work streams.
- Safeguarding is regarded as a core part of social work activity.
- Emphasis on continuity of service user journey.
- Work split between short and long term teams.
- Recent move from process driven towards a more personalised approach.
- Concerns come into a telephone contact centre; unless urgent or easily resolvable by contact centre, these are passed to locality practitioners.
- Strategic safeguarding team likely to be involved in investigations relating to multiple concerns within a particular setting such as a care home.

Site B1 and B2 Dispersed Specialist model

Specialist safeguarding social workers are based in operational teams rather than a central safeguarding team. Two variations of this model were identified:

B1 – Dispersed specialist

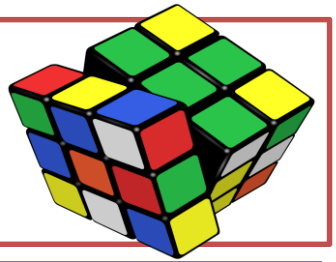
- Large, partly rural midlands county operates a flexible model, large geographical area with over forty locality teams.
- Specialist practitioners or 'leads' work within general work teams (adults, LD, PD and MH) on allocating, investigating and co-ordinating cases, depending on the team.
- Alerts enter a contact centre and cases already known to the LA are transferred to locality teams.

B2 – Dispersed specialist coordination for all referrals

- Large, relatively affluent, suburban county in southern England. Safeguarding experts or 'leads' within teams to carry out investigations and coordinate cases depending on the client group and locality team.
- Alerts come into a MASH (police, the Care Quality Commission (CQC), health, probation and children's services) and known cases are transferred to locality teams.
- If the person is unknown to LA social services or the case appears to be fairly quickly resolvable or urgent it can be dealt with by the MASH team.

Characteristics

Site C) Centralised Specialist model



Characteristics

- A large LA in a party rural area in northern England.
- Risk predicts whether a specialist response is required.
- Adult safeguarding is split between locality teams and a centralised-specialist safeguarding investigation team.
- Safeguarding referrals allocated on the basis of ‘seriousness’ and ‘complexity’ with the specialist safeguarding investigation team taking higher-risk referrals.
- MASH with children´s services and police. MH independent.

Site D) Fully-Centralised-Specialist model

Characteristics

- Small, relatively deprived city in northern England.
- A specialist team of social workers undertakes *all* adult safeguarding work including screening alerts and investigating concerns.
- 'Conversation' important part of the process and potential alerters encouraged to discuss their concerns before making the alert.
- MASH - staff with decision-making powers from the local NHS Trust, police, fire, mental health and children's services.
- Decision-making function is centralised; the initial strategy is developed in the MASH; and referrals from other agencies are directed to the MASH.

FINDINGS – perspectives on the advantages and disadvantages of the different models

- Is safeguarding a specialism?
- Safeguarding practice
  - multi-agency working
  - prioritisation
  - tensions
  - handover/consistency/continuity
  - staff confidence /deskilling
  - managing safeguarding
- Feedback interviews

Perspectives on whether safeguarding a is a specialism

Managers in sites A (**Dispersed-Generic**) and D (**Fully Centralised-Specialist**) strongly held beliefs their approaches better.

- **Work so complex that the knowledge and skills required demand specialist staff?**

- Managers and some staff in **less specialised** sites A and B1/2 - experts in their own service user category (e.g. LDs or older people) and valued this, emphasising that it 'improved the journey' for adults at risk.

- Managers and staff in **more specialist sites** emphasised their knowledge of specialist safeguarding processes and **law** e.g trading standards in **site C** (**Partly-Centralised-Specialist**) e.g. inherent jurisdiction, whole home investigations and hospital ward closures (**site D, Fully Centralised-Specialist**).

- A manager in **site D (Fully Centralised-Specialist)** acknowledged they have a lack of knowledge about specialist user group eg LDs but range of professionals available across the MASH, whereas in **site C (Partially Centralised-Specialist)** – can pass back to locality teams.

(Comments from care home managers about site C not positive and stated there was a lack of nursing skills knowledge within the safeguarding team.

Perspectives on safeguarding practice - multi-agency working

In **sites C (Partly-Centralised-Specialist**) and especially **Site D (Fully Centralised-Specialist)** team proud of multi-agency working.

In less specialist sites A/B1/2 there were some descriptions of dependence on individual connections and distant relations:-

e.g. 'I've done this job for a long time and very rarely have we seen anything go through police, to be honest. No disrespect to them as individuals, of course, but it's very hard' (Site B1, Dispersed-Specialist, *Interviewee 4).*

However the development of structures such as MASHs, Multi-Agency Risk Assessment Conferences (MARACS) and Safeguarding Adults Boards (SABs) supported the strengthening of multi-agency relationships in the less specialist models.

Across sites, descriptions of multi-professional working especially with fire services.

Perspectives on safeguarding practice - prioritisation

- **Site A (Dispersed-Generic)** - *'The volume of our workload is always very high and it is difficult at times to allocate safeguarding work resource-wise'* (Site A, staff survey).

- **Site B1 (Dispersed-Specialist)-** - involvement in one organisational abuse case could *'occupy all their time and impact on other work'.*

- In **Site B2 (Dispersed-Specialist)-** where work may have been more constant due to a MASH being in place, safeguarding practitioners took a more pro-active role, and safeguarding was viewed more favourably (as a chance for professional development).

- Participants in **Site C (Partly-Centralised-Specialist)** - concerns about a high threshold for specialist team involvement and this impacted upon the caseloads of those in the locality teams.

- **Site D (Fully-Centralised-Specialist)** staff satisfied.

Perspectives on safeguarding practice – handovers – continuity and consistency for service users

- **Site A, dispersed-generic,** the manager and some interviewees stressed importance of maintaining relationships with adults at risk as key to their model: *'We felt that, because it is quite a small authority, people know their cases quite well; sometimes it's not helpful to have people coming in to do a different piece of work'* (Site A, Dispersed-Generic, Interviewee 1).

- In contrast, in specialist **Site D, Fully-Centralised-Specialist** an interviewee noted that the specialist team sometimes wanted to keep cases and '*maintain long-arm sort of management'*, '*but we're not supposed to hold cases*' (Site D, Interviewee 3).

- Alternatively, **across the sites**, a separation of work was sometimes considered useful for social workers e.g.

Perspectives on safeguarding practice - tensions

- **In Site D, Fully-Centralised-Specialist** staff were highly positive – but **change** to MASH had been a *'massive' learning curve* and was only suitable for '*flexible workers willing to have their practice challenged*' (Site D, Interviewee 3). (Some non-specialist safeguarding team staff complained about a lack of feedback from colleagues.

- **In Site C, Partly-Centralised-Specialist -** comments about locality team staff resenting being given cases they felt were too '*complex'.* An escalation process in place with managers adjudicating disputes.

- **Site B1, Fully-Centralised-Specialist),** participants mentioned that safeguarding leads within teams knew more than their managers who were expected to manage (and sometimes chair) case conferences.

- **Site A, dispersed-generic.** Staff - division of *all* work into short-, long- or medium-term: *'… there is room for improvement with re-ablement (rehabilitation) and long-term teams as there appears too much of a divide' (Site B1, staff survey).*

Perspectives on Safeguarding practice – deskilling/ staff confidence

- **Site A, dispersed-generic** – growing confidence (possibly attributable to a recent welcome re-focus from process-driven to a more personalised approach).

- Interviewees in **Sites B1/2 (Dispersed-Specialist)** commented on the difficulty of maintaining their confidence about adult safeguarding work: *They don't really feel that competent in it, so they feel that they've kind of done the training and they're just trying their best (Site B1, Interview 8).*

- Non-specialist social workers commented in ***Site* D, Fully-Centralised-Specialist** suggested that some locality team social workers lacked confidence and were reluctant to take on any safeguarding-related work *'… they [non-specialist social workers] just need the confidence to do it, and we would support them'* ***(Site* D, Fully-Centralised-Specialist,** *Interviewee 3).*

- **Specialist teams in *Site* D, Fully-Centralised-Specialist and Site C, Partly-Centralised-Specialist** appeared confident about their skills.

Perspectives on Managing safeguarding - Performance management and auditing

- Team manager involvement was mentioned especially in the survey in Sites A (Dispersed-Generic), B1 and B2 (Dispersed-Specialist).

For example, in answer to the question '***If you could change one thing about work what would it be?'***, a member of staff from Site A (Dispersed-Generic) wrote,

> '*By my work not being assessed by line-management due to performance indicators but by the quality of work I do' (Site A, staff survey).*

- It is possible that, in the less specialist sites, managers undertake more stringent performance management in order to 'control' work which is spread out across the organisation.

Feedback interviews –
Perspectives from care home managers, IMCAs and LA solicitors)

- Site D – participants were generally happy apart from one vociferous complainant.
- B sites – positive feedback.
- Site A and C – Less content with safeguarding services locations than other sites.

(Exploratory due to the small numbers)

Conclusions

- Staff reported improved safeguarding expertise and knowledge, prioritisation and consistency in the more specialist sites.

- Staff reported difficulties of de-skilling of non-specialist teams and staff valued improved continuity of care in the less specialised sites.

- Model of safeguarding less important than expected and other factors more important eg less stable populations might require the development of more specialist approaches

References

- *Norrie, C., Stevens, M., Graham, K., Moriarty, J., Hussein, S., Manthorpe*, J. (2016) The Advantages and Disadvantages of Different Models of Organising Adult Safeguarding *Br J Soc Work first published online May 9, 2016 doi:10.1093/bjsw/bcw032*

- Graham K., Norrie C., Stevens M., Moriarty J., Manthorpe J., Hussein S. *(2014) 'Models of adult safeguarding in England: A review of the literature', Journal of Social Work, Advance Access published April 8, 2014, 10.1177/1468017314556205.*

- Graham K., Stevens M., Norrie C., Manthorpe J., Moriarty J., Hussein S. *(2015) 'Models of safeguarding: Identifying important models and variables influencing the operation of adult safeguarding', Journal of Social Work, in press.*

- Stevens M., Hussein S., Norrie C., Graham K., Manthorpe J.*(2015) 'Models of adult safeguarding in England: Findings from a study of costs and referral outcomes', British Journal of Social Work, in press.*

Thank you for listening.
Your views and questions?